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**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 4493**

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/628,685 | <b>FILING DATE</b><br>07/28/2003<br><br><b>RULE</b> | <b>CLASS</b><br>701 | <b>GROUP ART UNIT</b><br>3661 | <b>ATTORNEY DOCKET NO.</b><br>202-1221 (FGT 1691 PA) |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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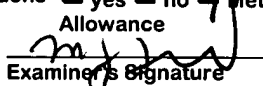
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/401,416 08/05/2002  
 and claims benefit of 60/401,464 08/05/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 10/23/2003**

|  |                               |                            |                           |                                |
|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>MI | <b>SHEETS DRAWING</b><br>9 | <b>TOTAL CLAIMS</b><br>23 | <b>INDEPENDENT CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged <br>Examiner's Signature        | Initials                      |                            |                           |                                |

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**TITLE**

System and method for determining an amount of control for operating a rollover control system

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|-----------------------------------|--|--|
| <b>FILING FEE RECEIVED</b><br>888 | <b>FEES: Authority has been given in Paper</b><br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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